

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 25 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) Stuart	D. Trachy		
II. Name of lobbyist's partnershi	o, firm or corporation, if a	ny:	
(Name of partners	hip, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822	email strachy@aol.com		
(Telephone)	(Fax)		
III. This statement covers: (Choo reportable expense transactions v	vhich are not attributable		
NH State Chiropractic Societ	<u>y</u>	s on the Lobbyist Registration Fo	
OR		obbyist's family), or the lobbying	
Reports cover: activity from date October 2	2017 🔊 of registration to 3/31/17 5, 2017 🔁 1//17 to 9/30/17	July 26, 2017 activity from 4/1/17 to 6/30/17 January 31, 2018 activity from 10/1/17 to 12/31	
V. There have been no fees receiv If this box is checked, complete just Concord, NH 03301.	ed and no reportable tran this form and submit it to th	sactions made since the last rep he Secretary of State's Office, Sta	ort. 🗷 te House, Room 204,
If you have paid an honor Expense Reimbursement	or made expenditures, you i rarium or reimbursed expens	must file Addendum A – Fees and ses, you must file Addendum B – ontributions, you must file Adde r	Report of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belie (Signature of lobbyist) Stuart D. Trachy	RSA 664 and hereby swear	or affirm that the foregoing info	•
(Print Name of lobbyist)			